

Case Number:	CM14-0194130		
Date Assigned:	12/01/2014	Date of Injury:	08/29/2010
Decision Date:	01/23/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old woman who sustained a work related injury on August 29, 2010. Subsequently, she developed chronic neck and low back pain. When seen on August 19, 2014, the patient was complaining of pain in the back of the head. She felt like she had a knife in the back area. She was also still having pain in neck like before surgery. The patient has been denied replacement of TENS unit. On November 11, 2014, the patient was seen in the ER and given Fentanyl 50 for 3 days but was unable to tolerate this low dose due to withdrawal. According to the progress report dated December 1, 2014, the patient was alert and tearful with pain noted. She had a tremor noted on the right hand. Ongoing pain behavior was noted and are of pain remained the same. The patient was diagnosed with chronic pain, sprain lumbar region, lumbago, and acquired spondylosithesis. The provider is requesting authorization for Nuvigil.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nuvigil Tab 150mg #30 Refill: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter: Armodafinil (Nuvigil)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Black, J. E., et al. (2010).

Decision rationale: MTUS guidelines are silent regarding the use of Nuvigil. Armodafinil (Nuvigil) is indicated to use to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. According to the patient file, there is no documentation of sleepiness from shift work disorder and narcolepsy. The sleepiness is most likely related to the use of opioids. Therefore, 30 Nuvigil 150mg #30 is not medically necessary.